Enter your transmittal number → W045147 (Transmittal Number)

Your unique Transmittal Number can be accessed online: http://www.state.ma.us/scripts/dep/trasmfrm.stm or call DEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection

Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application. **Copy 2** must accompany your fee payment. **Copy 3** should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

DEP
P.O. Box 4062
Boston, MA
02211

*** Note:**
For BWSC Permits, enter the LSP.

A. Permit Information

1. Permit Code: 7 or 8 character code from permit instructions: BRP WM 08
2. Name of Permit Category: NPDES Stormwater General Permit
3. Type of Project or Activity: General Permit for Stormwater Discharge

B. Applicant Information – Firm or Individual

1. Name of Firm - Or, if party needing this approval is an individual enter name below: Town of Wareham
2. **Last Name** of Individual: Hartman
3. **First Name** of Individual: Michael
4. MI: J
5. Street Address: 54 Marion Road
6. City/Town: Wareham
7. State: MA
8. Zip Code: 02571
9. Telephone #: 508-291-3100
10. Ext. #: 3110
11. Contact Person:
12. e-mail address (optional):

C. Facility, Site or Individual Requiring Approval

1. Name of Facility, Site Or Individual: Town of Wareham
2. Street Address: 54 Marion Road
3. City/Town: Wareham
4. State: MA
5. Zip Code: 02571
6. Telephone #: 508-291-3100
7. Ext. #: 3110
8. DEP Facility Number (if Known):
9. Federal I.D. Number (if Known):
10. BWSC Tracking # (if Known):

D. Application Prepared by (if different from Section B)*

1. Name of Firm Or Individual: G.A.F. Engineering, Inc.
2. Address: 266 Main Street
3. City/Town: Wareham
4. State: MA
5. Zip Code: 02571
6. Telephone #: 508-295-6600
7. Ext. #:
8. Contact Person: William F. Madden, P.E.
9. LSP Number (BWSC Permits only):

E. Permit - Project Coordination

1. Is this project subject to MEPA review? ☐ yes ☒ no
   If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

F. Amount Due

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

Special Provisions:

1. ☒ **Fee** Exempt (city, town or municipal housing authority)(state agency if fee is $100 or less)
   There are no fee exemptions for BWSC permits, regardless of applicant status.
2. ☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).
3. ☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).
4. ☐ Homeowner (according to 310 CMR 4.02).

NOV 0 0 2003

MUNICIPAL ASSISTANCE UNIT

Check Number | Dollar Amount | Date

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

BRP WM 08A NPDES Stormwater General Permit

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W045147
Transmittal Number

Facility ID (if known)

A. Instructions

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

Submission of this Notice of Intent constitutes notice that the entity named at item B1. of this form intends to be authorized by the DEP General Permit issued jointly with EPA for stormwater discharges from the small municipal separate storm sewer system (MS4), in the location identified at item B2. of this form. Submission of the Notice of Intent also constitutes notice that the party identified at item B1. has read, understands and meets the eligibility conditions of Part I.B. of the NPDES Small MS4 General Permit, agrees to comply with all applicable terms and conditions of the NPDES Small MS4 General Permit, and understands that continued authorization to discharge is contingent on maintaining eligibility for coverage. **In order to be granted coverage, all information required on BRP WM 08A, including the Stormwater Management Program Summary and Time Frames form, must be completed. Please read the permit and make sure you comply with all requirements, including the requirement to develop and implement a stormwater management program.**

B. Applicant Information

1. Small MS4 Operator/Owner Information:

   Town of Wareham c/o Michael J. Hartman, Town Administrator
   Name

   54 Marion Road
   Mailing Address

   Wareham — City/Town
   MA 02571 — State

   508-291-3100 Ext. 3110 — Telephone Number
   Email (if available)

2. Municipality Name

   Town of Wareham
   City/Town

3. Legal Status:

   ☐ Federal ☒ City/Town ☐ State ☐ Tribal ☐ Private

   ☐ Other public entity: _____ Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

   Rt 195, Rt. 495, Rt. 28, Rt. 6

5. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for "listed species" and critical habitat been met?

   ☒ yes ☐ pending ☐ no

B. Applicant Information (cont.)

6. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for protection of historic properties been met?

☒ yes ☐ pending ☐ no

Note: Section C may be duplicated to accommodate a larger list of receiving waters

C. Names of (Presently Known) Receiving Waters

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Weweantic River (Name)	unknown (Number)	☒ Yes ☐ No	pathogens (Specify)
Wareham River (Name)	unknown (Number)	☒ Yes ☐ No	pathogens (Specify)
Agawam River (Name)	unknown (Number)	☒ Yes ☐ No	Nutrients/pathogens (Specify)
Onset Bay (Name)	unknown (Number)	☒ Yes ☐ No	pathogens (Specify)
Buttermilk Bay (Name)	unknown (Number)	☒ Yes ☐ No	pathogens (Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

BRP WM 08A NPDES Stormwater General Permit

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W045147
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-1	Form partnerships	Town Administrator	Partnerships developed
1-2	Educational material	Dir. of Municipal Maintenance	Educational material developed
1-3	Annual public hearing	Town Administrator	Meetings held

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Encourage citizen action	Dir. of Municipal Maintenance	Maintenance logs prepared
2-2	Establish stormwater committee	Town Administrator	Committee created
2-3	Selectmen's meeting	Town Administrator	Meeting held
2-4	Storm drain stenciling	Dir. of Municipal Maintenance	Record no. of C.B.'s stenciled
2-5	Stream cleanup	Dir. of Municipal Maintenance	Report on cleanup activities

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

BRP WM 08A NPDES Stormwater General Permit

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W045147
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3-1	Discharge identification	Dir. of Municipal Maintenance	Discharges identified
3-2	Prohibition/Enforcement	Board of Health	Report prepared, by-laws amended
3-3	Drainage network map	Town Planner	Map produced
3-4	Illicit discharge identification	Dir. of Municipal Maintenance	Illicit discharges quantified
3-5	Illicit discharge enforcement	Dir. of Municipal Maintenance	Quantify illicit discharges identified and corrected
3-6	DPW Training	Dir. of Municipal Maintenance	Training provided
3-7	Public information	Dir. of Municipal Maintenance	Complaint file maintenance

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-1	Cons. Commission By-Law	Cons. Commission Agent	Finding rpt prepare by-law amended
4-2	Subdivision Rules & Regs.	Town Planner	Findings rpt prepared, rules & regs. revised
4-3	Zoning review	Town Planner	Rpt on by-laws, amend by-laws

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5-1	Cons. Commission By-laws	Cons. Commission Agent	By-law amended
5-2	Planning Board Rules	Town Planner	Rules & Regulations revised
5-3	Zoning by-laws	Town Planner	By-laws amended

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-1	D.P.W. Policy Guide	Dir. of Municipal Maintenance	Policy guide developed
6-2	D.P.W. annual training	Dir. of Municipal Maintenance	Training manual prepared
6-3	D.P.W. maintenance schedule	Dir. of Municipal Maintenance	Maintenance sched. develop
6-4	D.P.W. permit filing	Dir. of Municipal Maintenance	Permits on file

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL: ***N/A TMDL's for waterbodies into which the MS4 discharge have not been established.***

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

E. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Michael J. Hartman, Town Administrator
Printed Name

Signature

11/12/03
Date

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management **TOWN OF WAREHAM**

BRP WM 08A NPDES Stormwater General Permit Notice of Intent
for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

F. Storm Water Management Program TIME FRAMES

Transmittal Number W045147

Facility ID (if known)

Page 1 of 1

	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
BMP ID #	**Spring 03**	**Summer 03**	**Fall 03**	**Winter 03-04**	**Spring 04**	**Summer 04**	**Fall 04**	**Winter 04-05**	**Spring 05**	**Summer 05**	**Fall 05**	**Winter 05-06**	**Spring 06**	**Summer 06**	**Fall 06**	**Winter 06-07**	**Spring 07**	**Summer 07**	**Fall 07**	**Winter 07-08**	**Next Permit**
1-1				X																	
1-2							X				X				X				X		
1-3							X				X				X				X		
2-1				X																	
2-2						X				X				X				X			
2-3							X				X										
2-4										X				X				X			
2-5									X				X				X				
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